NAIC Group Code.....1275, 1275



Employer's ID Number..... 01-0020315

# **ANNUAL STATEMENT**

For the Year Ended December 31, 2017

of the Condition and Affairs of the

# PATRONS OXFORD INSURANCE COMPANY

NAIC Company Code..... 28290

(Current Period) (Prior Pe Organized under the Laws of ME Incorporated/Organized May 5, 1877 Statutory Home Office	State of Domic	cile or Port of Entry ME  Commenced Business Ma ive Portland ME US 0410	-	
Main Administrative Office	97 Technology Park Dr	ive Portland ME US 04102	207-699-15	599
Mail Address	97 Technology Park Dr	ive Portland ME US 0410	2	
Primary Location of Books and Records	97 Technology Park Dr	ive Portland ME US 0410	2 207-699-15	599
Internet Web Site Address Statutory Statement Contact	www.patrons.com Sharon Leslie Buckley		207-699-1599	1-2220
	sbuckley@patrons.con	1	207-783-75	507
		OFFICERS		
J T	Title Chief Executive Officer Treasurer	<b>Name</b> 2. Kevin Michael Meskell 4.	<b>Title</b> Secretary	
Occurs Alistois Marel/issues	/D. Hadamatta	OTHER Street Courses	V.D. Oleima	
George Alistair MacKinnon	/.P. Underwriting	Eric George Swanson	V.P. Claims	
-	<b>DIRECT</b> ( Karl Douglas Briggs ohn Michael Sheskey	ORS OR TRUSTEES  Alexander Gordon Clark  Walter Carl Smythe	Kevin Michael Meskell	
The officers of this reporting entity being duly stated above, all of the herein described asset herein stated, and that this statement, togethe of all the assets and liabilities and of the conditherefrom for the period ended, and have beer manual except to the extent that: (1) state law procedures, according to the best of their inforincludes the related corresponding electronic field enclosed statement. The electronic filing may	s were the absolute property or with related exhibits, schedu tion and affairs of the said report of the sai	of the said reporting entity, free and clear from les and explanations therein contained, anne orting entity as of the reporting period stated th the NAIC Annual Statement Instructions an eles or regulations require differences in repor respectively. Furthermore, the scope of this suired, that is an exact copy (except for formatical properties of the scope of this properties of the scope of this properties of the scope of	any liens or claims thereon, except a ked or referred to, is a full and true standove, and of its income and deduction deduction and the function of the funct	as atement ons es es and also
Mark Alan Pettingill	к	evin Michael Meskell	Sharon Leslie Buckley	
Chief Executive Officer		Secretary	Treasurer	
Subscribed and sworn to before me This day of	2018	<ul> <li>a. Is this an original filing?</li> <li>b. If no</li> <li>1. State the amendment</li> <li>2. Date filed</li> <li>3. Number of pages attach</li> </ul>		No [ ]

	AO	SETS			
		1	Current Year 2	3	Prior Year
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)			0	
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	
	2.2 Common stocks			0	
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	
	3.2 Other than first liens			0	
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)	6,424,083		6,424,083	2,872,115
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$807,592, Schedule E-Part 1), cash equivalents (\$113,086, Schedule E-Part 2) and short-term investments (\$147,979, Schedule DA)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued			0	
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	309,415	66,706	242,709	217,121
	<ul> <li>15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)</li></ul>	8,504,840	11,839	8,493,001	8,378,607
	redetermination (\$0)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	7,302,809		7,302,809	6,501,187
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
17.	Amounts receivable relating to uninsured plans			0	
18.1	Current federal and foreign income tax recoverable and interest thereon			0	
18.2	Net deferred tax asset	494,564	341,458	153,106	176,987
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	68,466	1,934	66,532	34,108
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets	0	0	0	0
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	l l	1,010,341	23,750,897	22,768,469
1101	DETAILS	OF WRITE-INS		٨	
1198	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Salvage/Subrogation Receivable				
	Summary of remaining write-ins for Line 25 from overflow page				
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges	2,269,849	1,894,294
5.	Other expenses (excluding taxes, licenses and fees)	677,628	1,045,647
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	163,390	155,444
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	(182,239)	545,963
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$24,485,589 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium	427,402	504,426
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 8)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates.		
	·		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities.		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
27.	Protected cell liabilities.		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	2,500,000	2,500,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other-than-special surplus funds	0	0
33.	Surplus notes		
34.	Gross paid in and contributed surplus	8,200,000	6,625,997
35.	Unassigned funds (surplus)	2,723,454	2,777,456
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		<u></u>
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	13,423,454	11,903,453
38.	TOTAL (Page 2, Line 28, Col. 3)	23,750,898	22,768,469
	DETAILS OF WRITE-INS	1	
2501.	Line 15 from 2000 Annual Statement		
2502.	Unpaid investment expenses.		
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2903.	Cummons of completing write ing far Line 20 from quartless page		
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3203.			
	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY STATEMENT OF INCOME

		1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4)		
	DEDUCTIONS:		
2.	Losses incurred (Part 2, Line 35, Column 7)		
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions.		
6.	Total underwriting deductions (Lines 2 through 5)		0
7.	Net income of protected cells		
8.	INVESTMENT INCOME	0	0
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(309 353)	(97 322)
10.	Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)		
	OTHER INCOME	(,,	
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$948		
	amount charged off \$24,763)	(23,815)	(37,168)
13.	Finance and service charges not included in premiums	449,098	467,383
14.	Aggregate write-ins for miscellaneous income	(248)	0
15.	Total other income (Lines 12 through 14)	425,035	430,215
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign	445.000	
4-	income taxes (Lines 8 + 11 + 15)	•	1,000,004
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	115 682	1 000 004
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)		465,603
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	11 003 453	7 117 171
22.	Net income (from Line 20)		
23.	Net transfers (to) from Protected Cell accounts		,
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$0.		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from Protected Cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		, ,
	33.2 Transferred to capital (Stock Dividend)		
	33.3. Transferred from capital		
	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. 38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		
JJ.	DETAILS OF WRITE-INS	10,720,704	11,300,433
0501	DETAILS OF WRITE-INS		
	Summary of remaining write-ins for Line 5 from overflow page	0	0
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
	Gain/Loss on Equipment		
-			
	Cummany of remaining write ine for Line 14 from quarflew page		
	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		0
U. UZ.			
3703.			
	Summary of remaining write-ins for Line 37 from overflow page		

	CASITILOW		
		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	(479.027)	(964.232)
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)		
5.	Benefit and loss related payments		623,807
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	(15,482)	(926,626)
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	558,517	263,988
10.	Total (Lines 5 through 9)		(38,831)
11.	Net cash from operations (Line 4 minus Line 10)		
	CASH FROM INVESTMENTS		,
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		100,000
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		1,253,541
	12.5 Other invested assets		43,357
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		1,396,898
13.			
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		2,511,650
	13.5 Other invested assets		,, ,,,,,
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		2,511,650
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)		(1,114,752)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		( , , , - ,
16.	Cash provided (applied):		
10.	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		4,125,997
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17			4,194,844
17.		1,033,420	4,194,044
40	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(0.540.007)	0.540.407
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		2,519,427
19.	Cash, cash equivalents and short-term investments:	4 500 045	0.000.010
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	1,068,658	4,588,345

Note: Supplemental disclosures of cash flow information for non-cash transactions:	
20 0001	

# Ex. of Premiums Earned NONE

Underwriting and Investment Ex. - Pt. 1A - Recapitulation of All Premiums NONE

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **UNDERWRITING AND INVESTMENT EXHIBIT**

#### **PART 1B - PREMIUMS WRITTEN**

	r <i>r</i>	ART ID PREI	MIUMS WRITT	ce Assumed	Reinsuran	ce Ceded	6
		Direct	2	3	4	5	Net Premiums Written
	Line of Business	Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	(Cols. 1 + 2 + 3 - 4 - 5)
1.	Fire	546,086			546,086		
2.	Allied lines	443,895			443,895		
3.	Farmowners multiple peril						
4.	Homeowners multiple peril	20,713,583			20,713,583		
5.	Commercial multiple peril	2,858,965			2,858,965		
6.	Mortgage guaranty						
8.	Ocean marine						
9.	Inland marine	135,676			135,676		
10.	Financial guaranty						
11.1	Medical professional liability - occurrence						
11.2	Medical professional liability - claims-made						
12.	Earthquake						
13.	Group accident and health						
14.	Credit accident and health (group and individual)						
15.	Other accident and health						
16.	Workers' compensation						
17.1	Other liability - occurrence						
17.2	Other liability - claims-made						
17.3	Excess workers' compensation						
18.1	Products liability - occurrence						
18.2	Products liability - claims-made						
-	Private passenger auto liability						
	Commercial auto liability				, ,		
21.	Auto physical damage				11,839,903		
22.	Aircraft (all perils).	11,000,000			11,000,000		
23.	Fidelity						
24.	Surety.						
26.	Burglary and theft						
27.	Boiler and machinery						
28.	Credit.						
20. 29.	International						
30.	Warranty						
31.	Reinsurance - nonproportional assumed property						
	Reinsurance - nonproportional assumed property						
32. 33.	Reinsurance - nonproportional assumed financial lines						
33.	Aggregate write-ins for other lines of business		0				
					00.744	0	
35.	TOTALS	47,002,744 <b>DETAILS O</b>	F WRITE-INS	0	47,002,744	0	<u> </u>
3401.							
3402.							
3403.							
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				0		

<sup>(</sup>a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes  $[\ ]$  No  $[\ X\ ]$ 

If yes: 1. The amount of such installment premiums \$......0.

<sup>2.</sup> Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.......0.

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

PART 2 - LOSSES PAID AND INCURRED									
				Less Salvage		5	6	7	8
		1	2	3	4	Net Losses Unpaid	Net Losses	Losses Incurred	Percentage of Losses Incurred (Col. 7, Part 2)
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Current Year (Part 2A, Col. 8)	Unpaid Prior Year	Current Year (Cols. 4 + 5 - 6)	to Premiums Earned (Col. 4, Part 1)
1.	Fire	2,376		2,376	0	0		0	0.0
2.	Allied lines	189,653		189,653	0	0		0	0.0
3.	Farmowners multiple peril				0	0		0	0.0
4.	Homeowners multiple peril	7,239,238		7,239,238	0	0		0	0.0
5.	Commercial multiple peril	315,755		315,755	0	0		0	0.0
6.	Mortgage guaranty				0	0		0	0.0
8.	Ocean marine				0	0		0	0.0
9.	Inland marine	8,558		8,558	0	0		0	0.0
10.	Financial guaranty				0	0		0	0.0
11.1	Medical professional liability - occurrence				0	0		0	0.0
11.2	Medical professional liability - claims-made				0	0		0	0.0
12.	Earthquake				0	0		0	0.0
13.	Group accident and health				0	0		0	0.0
14.	Credit accident and health (group and individual)				0	0		0	0.0
15.	Other accident and health				0	0		0	0.0
16.	Workers' compensation				0	0		0	0.0
17.1	Other liability - occurrence				0	0		0	0.0
17.2	Other liability - claims-made				0	0		0	0.0
17.3	Excess workers' compensation				0	0		0	0.0
18.1	Products liability - occurrence				0	0		0	0.0
18.2	Products liability - claims-made				0	0		0	
	Private passenger auto liability	6,369,477		6,369,477	0	0		0	0.0
19 3 19 4	Commercial auto liability	42,378		42,378	0	0		0	0.0
21.	Auto physical damage	5,394,267		5,394,267	0	0		0	0.0
22.	Aircraft (all perils)			,550 1,257	0	0		0	0.0
23.	Fidelity				0	0		0	0.0
24.	Surety				0	0		0	0.0
26.	Burglary and theft					0		0	0.0
27.	Boiler and machinery					0 n			0.0
28.	Credit					0 n			0.0
29.	International					0 n		0 n	0.0
30.	Warranty				n	n		n	0.0
31.	Reinsurance - nonproportional assumed property	XXX				0 n			0.0
32.	Reinsurance - nonproportional assumed liability	XXX				0 n		o	0.0
33.	Reinsurance - nonproportional assumed financial lines	XXX			۰	0 ^			0.0
33. 34.	Aggregate write-ins for other lines of business		Λ		٠٠	0		0	0.0
34. 35.	TOTALS	19,561,702	U	19,561,702	U	U	U	U	0.0
აე.	IUIALO	19,561,702	U	DETAILS OF WRITE-INS	0	0	U	0	0.0
2404			L	JETAILS OF WRITE-INS	^	^		^	0.0
3401.					0	0		0	
3402.					0	0		0	0.0
3403.	0			Λ	0	0		0	
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	]0	0	0	]0	0	XXX
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		0	10	0	10	10	]0	0.0

# **UNDERWRITING AND INVESTMENT EXHIBIT**

### PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses Incurred But Not Reported 8						Incurred But Not Reported 8					
	Line of Business	1 Direct	2 Reinsurance Assumed	3  Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses			
1.	Fire	2000	7.0000		0	200	7.1000		0				
2.	Allied lines.	7,201			0				0				
3.	Farmowners multiple peril	,,		,	0				0				
4.	Homeowners multiple peril	3,365,022		3,365,022	0	300,000		300,000	0				
5.	Commercial multiple peril	587,251				500,000		500,000					
5. 6.	Mortgage guaranty												
0. 8.	Ocean marine								0				
		2,400							0				
9.	Inland marine	2,400		2,400	0				0				
10.	Financial guaranty				0				0				
11.1	Medical professional liability - occurrence				0				0				
11.2	Medical professional liability - claims-made				0				0				
12.	Earthquake				0				0				
13.	Group accident and health				0				(a)0				
14.	Credit accident and health (group and individual)				0				0				
15.	Other accident and health				0				(a)0				
16.	Workers' compensation				0				0				
7.1	Other liability - occurrence	100,000			0				0				
7.2					0				0				
7.3					0				0				
8.1									0				
	Products liability - claims-made								0				
		7 400 050		7 400 050	0	0.000.000		0 000 000	0				
	2 Private passenger auto liability	7,438,356		7,438,356	0	2,300,000		2,300,000	0				
	4 Commercial auto liability	8,402			0				0				
21.	Auto physical damage	549,326		549,326	0	50,000		50,000	0				
22.	Aircraft (all perils)				0				0				
23.	Fidelity				0				0				
24.	Surety				0				0				
26.	Burglary and theft				0				0				
27.	Boiler and machinery				0				0				
28.	Credit				0				0				
29.	International				0				0				
30.	Warranty				0				n				
31.	Reinsurance - nonproportional assumed property	XXX			0	XXX			n				
31. 32.	Reinsurance - nonproportional assumed liability	XXX				XXX							
32. 33.	Poincurance - nonproportional assumed liability	XXX			0	XXXXXX			0				
	Reinsurance - nonproportional assumed financial lines								0				
34.	Aggregate write-ins for other lines of business				0	0	0		0				
35.	TOTALS	12,057,958			0	3,150,000	0	3,150,000	0				
10:		т		DETAILS OF W	RITE-INS		1			Т			
3401.					0				0				
3402.					0				0				
403.					0				0				
498.	Summary of remaining write-ins for Line 34 from overflow page	0		0	0	0	0	0	0				
3499.		0		ا ۱	0	0	0	0	0				

### Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:	Ехрепзез	Ехрепосо	Ехрепосо	Total
	1.1 Direct	1,336,023			1,336,023
	1.2 Reinsurance assumed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1.3 Reinsurance ceded				
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)			0	
2.	Commission and brokerage:	(=,==,,==,,			(_,_,,,,,
	2.1 Direct, excluding contingent		8.436.683		8.436.68
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent - direct.				1,111,
	2.5 Contingent - reinsurance assumed				, ,
	2.6 Contingent - reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents		, , ,		, ,
4.	Advertising				
<del>4</del> . 5.	Boards, bureaus and associations				- , -
5. 6.	Surveys and underwriting reports.		,		
0. 7.	Audit of assureds' records.				,
8.	Salary and related items:				
0.	8.1 Salaries	1 202 420	2,474,313		2 676 74
	8.2 Payroll taxes	, ,	, ,		, ,
^	Employee relations and welfare		,		•
9.	Insurance	,	,		
10.					, -
11.	Directors' fees		,		,
12.	Travel and travel items	-,	,-		,
13.	Rent and rent items	,	,		, ,
14.	Equipment		,		-, -
15.	Cost or depreciation of EDP equipment and software		,		,
16.	Printing and stationery	,	'		ŕ
17.	Postage, telephone and telegraph, exchange and express		,		,
18.	Legal and auditing		·		
19.	Totals (Lines 3 to 18)	2,088,201	5,056,171	0	7,144,37
20.	Taxes, licenses and fees:  20.1 State and local insurance taxes deducting guaranty association credits of \$0		4 442 040		4 442 04
	20.2 Insurance department licenses and fees				
	·				-,-
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
04	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.				123,944	
22.	Real estate taxes			26,522	ŕ
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses			0	
25.	Total expenses incurred			150,466	,
26.	Less unpaid expenses - current year				
27.	Add unpaid expenses - prior year				
28.	Amounts receivable relating to uninsured plans, prior year				
29.	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		0	150,466	150,46
404		.S OF WRITE-INS	:		
	Donations  Technology Expense				
	Miscellaneous				*
	Summary of remaining write-ins for Line 24 from overflow page		, ,	0	,
	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of \$......0 to affiliates and \$......0 to non-affiliates.

### Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **EXHIBIT OF NET INVESTMENT INCOME**

	LATITUTE OF INCLUMENTAL IN		
		1 Collected	2 Earned
		During Year	During Year
1.	U.S. government bonds	(a)670	•
1.1	Bonds exempt from U.S. tax.	(a)	
1.2	Other bonds (unaffiliated)	(-)	
1.3	Bonds of affiliates	1.7	
2.1	Preferred stocks (unaffiliated).	(b)	
	Preferred stocks of affiliates	(-)	
2.2	Common stocks (unaffiliated)	(5)	
2.21	Common stocks of affiliates.		
3.	Mortgage loans	(c)	
4.	Real estate.	(d)160,500	
5.	Contract loans.	(4)	
6.	Cash, cash equivalents and short-term investments.		
7.	Derivative instruments.		
8.	Other invested assets	1,203	
9.	Aggregate write-ins for investment income		· ·
10.	Total gross investment income		
11.	Investment expenses	•	·
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense.		(0)
14.	Depreciation on real estate and other invested assets		` '
15.	Aggregate write-ins for deductions from investment income		.
16.	Total deductions (Lines 11 through 15)		475,175
17.	Net investment income (Line 10 minus Line 16)		(309,353)
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0
(a)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	on purchases.	
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividence	s on purchases.	
(c)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	on purchases.	
(d)	Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.		
(e)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	on purchases.	
(f)	Includes \$0 accrual of discount less \$0 amortization of premium.		
(g)	Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes	es, attributable to segregated and	Separate Accounts.
(h)	Includes \$0 interest on surplus notes and \$0 interest on capital notes.		
(i)	Includes \$208,348 depreciation on real estate and \$0 depreciation on other invested assets.		

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		. 0. 0/11.11		-000-0,		
		1	2	3	4	5
		Realized				Change in
		Gain (Loss)	Other	Total Realized	Change in	Unrealized
		on Sales	Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange
		or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks (unaffiliated)  Common stocks of affiliates  Mortgage loans			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)		0	0	0	0
10.	Total capital gains (losses)		0	0	0	0
	, ,	DETAILS C	OF WRITE-INS	<u>'</u>	<u> </u>	<u>'</u>
0901.				0		
0902				0		
0903.				0		
	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	n	0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		0	0	0	0
0000.	Totalo (Ellico coo i tillough cooo plus cooo) (Ellic o above)	0				

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NONAL		2	3
		Current Year	Prior Year	Change in Total
		Total Nonadmitted Assets	Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)		Nonaumited Assets	(001. 2 - 001. 1)
2.	Stocks (Schedule D):			0
۷.	2.1 Preferred stocks			0
	2.2 Common stocks.			
2				
3.	Mortgage loans on real estate (Schedule B):			•
	3.1 First liens			
	3.2 Other than first liens			0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2)			_
	and short-term investments (Schedule DA)			
6.	Contract loans			0
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			0
10.	Securities lending reinvested collateral assets (Schedule DL)			0
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)		78,793	40,864
13.	Title plants (for Title insurers only)			0
14.	Investment income due and accrued			0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	66,706	13,333	(53,373
	15.2 Deferred premiums, agents' balances and installments booked but			
	deferred and not yet due	11,839	11,397	(442
	15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			0
18.1				
	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit	·	•	
20.	Electronic data processing equipment and software			
	Furniture and equipment, including health care delivery assets			
21.				
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.		0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected	4 040 044	4 444 550	101 010
	Cell Accounts (Lines 12 through 25)			
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTALS (Lines 26 and 27)		1,114,553	104,212
	DETAILS OF V	NRITE-INS	Т	
1101	l			0
1102	2			0
1103	3			0
1198	3. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1100	9. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
1100	I. Non-vested pension			0
		1		_
2501	2			0
2501 2502	3.			
2501 2502 2503				0

#### **NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Accounting Practices

The accompanying financial statements of Patrons Oxford Insurance Company have been prepared on the basis of accounting practices prescribed or permitted by the Maine Insurance Department.

The state of Maine requires insurance companies domiciled in the state of Maine to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Maine Insurance Department.

Net Income	SSAP#	F/S Page	F/S Line #	2017	2016
1. Net Income (loss) , ME basis	XXX	XXX	XXX	\$ 285,367	\$ 465,603
2. Effect of ME prescribed practices				-	-
3. Effect of ME permitted practices				1	-
4. Net Income (loss) , NAIC SAP basis	XXX	XXX	XXX	\$ 285,367	\$ 465,603

Surplus	SSAP#	F/S Page	F/S Line #	2017	2016
5. Policyholders' surplus , ME basis	XXX	XXX	XXX	\$ 13,423,454	\$ 11,903,453
6. Effect of ME prescribed practices				-	-
7. Effect of ME permitted practices				-	-
8. Policyholders' surplus , NAIC SAP basis	XXX	XXX	XXX	\$ 13,423,454	\$ 11,903,453

#### Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

#### Accounting Policies C.

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- Short-term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.
- Bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds are stated at the lower of 2. amortized value or fair value.
- 3. Not applicable
- 4. Not applicable
- 5. Not applicable
- 6. Not applicable
- 7 Not applicable
- 8. Not applicable
- 9. Not applicable
- 10. The Company does not anticipate investment income as a factor in premium deficiency calculations.
- The Company has not modified its capitalization policy from the prior period.
- 13. The Company does not write medical insurance

#### D. Going Concern

Based upon its evaluation of relevant conditions and events, Management does not have substantial doubt about the Company's ability to continue as a going concern

#### NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable

#### NOTE 3 - BUSINESS COMBINATIONS AND GOODWILL

Not applicable

#### **NOTE 4 – DISCONTINUED OPERATIONS**

Not applicable

#### **NOTE 5 - INVESTMENTS**

Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

Debt Restructuring

Not applicable

Reverse Mortgages

D. Loan-Backed Securities

Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing G.

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

Reverse Repurchase Agreements Transactions Accounted for as a Sale ١.

Not applicable

Real Estate

Not applicable

Low-income Housing Tax Credits

Not applicable

L. Restricted Assets

> The Company has restricted assets in the form of a U.S. government security which is currently a required state deposit with Maine. The admitted restricted asset value at December 31, 2017 was \$147,979.

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Asset and Liabilities

Not applicable

O. Structured Notes

Not applicable

P. 5\* Securities

Not applicable

Q. Short Sales

Not applicable

R. Prepayment Penalty and Acceleration Fees

Not applicable

#### NOTE 6 - JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable

#### **NOTE 7 – INVESTMENT INCOME**

Not applicable

#### **NOTE 8 – DERIVATIVE INSTRUMENTS**

Not applicable

### **NOTE 9 - INCOME TAXES**

### A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

		2017			2016			Change	
Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	711,428	0	711,428	982,635	0	982,635	(271,207)	0	(271,207)
(b) Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets	711,428	0	711,428	982,635	0	982,635	(271,207)	0	(271,207)
(d) Deferred tax assets nonadmitted	(341,458)	0	(341,458)	(761,157)	0	(761,157)	419,699	0	419,699
(e) Net admitted deferred tax asset	369,970	0	369,970	221,478	0	221,478	148,492	0	148,492
(f) Deferred tax liabilities	(216,864)	0	(216,864)	(44,491)	0	(44,491)	(172,373)	0	(172,373)
(g) Net admitted deterred tax asset/(liability)	153,106	0	153,106	176,987	0	176,987	(23,881)	0	(23,881)

#### 2. Admission Calculation Components SSAP No. 101:

		2017			2016			Change	
Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Admitted pursuant to ¶11.a.	125,542	0	125,542	144,472	0	144,472	(18,930)	0	(18,930)
(b) Admitted pursuant to ¶11.b.	27,564	0	27,564	32,515	0	32,515	(4,951)	0	(4,951)
Realization per ¶11.b.i.	27,564	0	27,564	32,515	0	32,515	(4,951)	0	(4,951)
Limitation per ¶11.b.ii.	N/A	N/A		N/A	N/A		N/A	N/A	0
(c) Admitted pursuant to ¶11.c.	216,864	0	216,864	44,491	0	44,491	172,373	0	172,373
(d) Total admitted deferred tax asset	369,970	0	369,970	221,478	0	221,478	148,492	0	148,492

3. Other Admissibility Criteria

2017 2016 (a) Applicable ratio for realization limitation threshold table 4164% 8202% (b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitatic \$13,423,454 \$11,903,453

4. Impact of Tax Planning Strategies:

The Company is not currently utilizing any tax planning strategies.

B. Deferred Tax Liabilities Not Recognized:

Not applicable

- C. Current and Deferred Income Taxes.
  - 1. Current Income Tax:

Description	2017	2016	Change	
(a) Federal	(182,239)	312,473	(494,712)	
(b) Foreign	0	0	0	
(c) Subtotal	(182,239)	312,473	(494,712)	
(d) Federal income tax on net capital gains	0	233,489	(233,489)	
(e) Utilization of capital loss carryforwards	0	0	0	
(f) Other	12,554	(11,562)	24,116	
(g) Federal and foreign income taxes incurred	(169,685)	534,400	(704,085)	

#### 2. Deferred Tax Assets

Book/Tax Differences In	2017	2016	Change
(a) Ordinary			
2. Advanced Premiums	17,951	35,310	(17,359)
8. Compensation and benefit accruals	553,011	823,636	(270,625)
10. Receivables - nonadmitted	140,466	123,689	16,777
99. Subtotal - Gross ordinary DTAs	711,428	982,635	(271,207)
(b) Statutory valuation adjustment adjustment	0	0	0
(c) Nonadmitted ordinary DTAs	341,458	761,157	(419,699)
(d) Admitted ordinary DTAs	369,970	221,478	148,492
(h) Admitted capital DTAs	0	0	0
(i) Admitted DTAs	369,970	221,478	148,492
DTLs Resulting From			

#### 3.

4.

Book/Tax Differences In	2017	2016	Change
(a) Ordinary			
2. Fixed assets	198,913	9,181	189,732
3. Deferred and uncollected premiums	17,951_	35,310	(17,359)
99. Ordinary DTLs	216,864	44,491	172,373
(b) Capital			
99. Capital DTLs		0	0
(c) DTLs	216,864	44,491	172,373
Net Deferred Tax Assets	153,106	176,987	(23,881)

The change in net deferred income taxes is comprised of the following:

	2017	2016	Change
Total deferred tax assets	711,428	982,635	(271,207)
Total deferred tax liabilities	216,864	44,491	172,373
Net deferred tax assets/liabilities	494,564	938,144	(443,580)
Statutory valuation allowance adjustment	0	0	0
Net deferred tax assets/liabilities after SVA	494,564	938,144	(443,580)
Tax effect of unrealized gains/(losses)			0
Statutory valuation allowance adjustment allocated to unrealized (+)			0
Other intraperiod allocation of deferred tax movement		_	0
Change in net deferred income tax [(charge)/benefit]			(443,580)

The Tax Cuts and Jobs Act of 2017 (the "Tax Act") was signed into law on December 22, 2017. Among other provisions, the Tax Act reduced the corporate federal income tax rate from 35% to 21% effective January 1, 2018 for the 2018 tax year, and, as a consequence, the value of the Company's deferred tax assets and liabilities as of December 31, 2017 was reduced. The net impact of this reduction in the tax rate was a decrease to the Company's surplus of \$329,709. There currently exists a degree of uncertainty as to how certain provisions in the Tax Act will be interpreted and implemented in practice in the future.

#### D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:

Statutory Rate	
35.00%	Effective Tax
Tax Effect	Rate
40,489	35.00%
(110,420)	-95.45%
15,550	13.44%
329,709	285.01%
(1,432)	-1.24%
273,895	236.76%
(169,685)	-146.68%
443,580	383.45%
273,895	236.76%
	35.00% Tax Effect  40,489 (110,420) 15,550 329,709 (1,432) 273,895  (169,685) 443,580

#### E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

At December 31, 2017, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2017 and 2016 that is available for recoupment in the event of future net losses:

Available from tax year	Ordinary	Capital	Total
2017	0	0	0
2016	325,028	233,489	558,517
Total	325,028	233,489	558,517

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

#### F. Consolidated Federal Income Tax Return

- 1. The Company's federal income tax return is consolidated with its parent, Quincy Mutual.
- Pursuant to a Tax Sharing Agreement, federal income taxes are allocated to each company as if it were filing on a separate return basis. The tax benefits of losses are credited to the members of the extent used by the consolidated group. Inter-company balances are settled annually in the third quarter for the previous calendar year.
- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

#### NOTE 10 - INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. Nature of Relationships

The company is a wholly owned subsidiary of Quincy Mutual Fire Insurance Company (Parent), a mutual insurance company incorporated in Massachusetts.

B. Detail of Transactions Greater than ½% of Admitted Assets

Not applicable

C. Change in Terms of Intercompany Arrangements

None

D. Amounts Due to or from Related Parties

At December 31, 2017 the Company reported \$89,333, as amounts due to the Parent. The terms of the settlement require that these amounts are settled monthly

Guarantees or Contingencies for Related Parties E.

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

In the interests of economy, efficiency, and other advantages in business operations, Quincy Mutual provides support services for the Company.

Nature of Relationships that Could Affect Operations G.

All outstanding shares of the Company are owned by Parent.

Amount Deducted for Investment in Upstream Company

Detail of Investments in Affiliates Greater than 10% of Admitted Assets ١.

Not applicable

Write down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies .1

Not applicable

Investment in a Foreign Insurance Subsidiary

Not applicable

Investment in Downstream Non Insurance Holding Company

Not applicable

M. All SCA Investments

Not applicable

Investment in Insurance SCAs

Not applicable

#### **NOTE 11 - DEBT**

Not applicable

#### NOTE 12 - RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plans

Not applicable

Investment Policies and Strategies

Not applicable

C. Fair Value of Plan Assets

Not applicable

D. Basis Used to Determine Expected Long-Term Rate-of-Return

Not applicable

E. Defined Contribution Plans

Patrons Oxford Insurance Company employees are covered by a qualified defined contribution 401(k) and Profit Sharing Plan sponsored by the Quincy Mutual Fire Insurance Company

Employees may defer up to the IRS maximum of their pretax earnings with an employer match of up to 3.5% of pretax earnings. In addition, the Quincy Mutual Board of Directors may approve a profit sharing benefit, which is deferred into the plan and subject to a vesting schedule based on years of service. The Company accrued a profit sharing benefit of \$144,755 and \$190,213 in 2017 and 2016, respectively, which is paid in the following year.

In addition, the Company has a non-qualified supplemental executive retirement plan ("SERP"). The statement includes an accrued liability for the SERP at

F. Multiemployer Plans

Not applicable

G. Consolidated/Holding Company Plans

Not applicable

H. Postemployment Benefits and Compensated Absences

Not applicable

Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

### NOTE 13 - CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

The Company has 5,000,000 shares authorized, 2,500,000 shares issued, and 2,500,000 shares outstanding.

Dividend Rate of Preferred Stock

**Dividend Restrictions** 

The Company is subject to regulatory restrictions with respect to statutory surplus levels and dividends

4. Dates and Amounts of Dividends Paid

5 Portion of Profit Paid as Dividends to Stockholders

> Within the limits of (3) above, these annual dividends cannot exceed the greater of 10% of the insurer's unassigned surplus as of the prior year end or the net investment income of the prior year end.

Restrictions on Surplus 6

None

Surplus Advances

Not applicable

8. Company Stock Held for Special Purposes

Not applicable

Changes in Special Surplus Funds 9

Not applicable

10. Changes in Unassigned Surplus

None

11. Surplus Notes

None

12. Quasi Reorganization

Not applicable

13. Quasi Reorganization Effective Dates

Not applicable

#### **NOTE 14 - CONTINGENCIES**

Contingent Commitments

Not applicable

B. Assessments

The company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or, in the case of loss based assessments, at the time the losses are incurred.

As of December 31, 2017, the Company has received no notification for insolvencies; therefore, there is no year-end accrued assessment.

C. Gain Contingencies

Not applicable

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

The Company did not incur any material claims related to extra contractual obligations or bad faith losses stemming from lawsuits in 2017 and 2016. The Company may contribute to a claim settlement where the coverage is deemed questionable, but such payments are not in excess of policy limits nor are they mandated by law or mediation, but rather as a negotiated settlement with customers.

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

At December 31, 2017 and 2016, the Company had admitted assets of \$8,386,976 and \$8,116,922, respectively in premiums receivable due from policyholders, agents and ceding insurers. The Company routinely assesses the collectability of these receivables. Based upon Company experience, any uncollectible premiums receivable as of December 31, 2017 are not expected to exceed the non-admitted amounts totaling \$78,545 and, therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

Lawsuits arise against the Company in the normal course of business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers impaired.

#### **NOTE 15 - LEASES**

The Company does not have any material lease agreements.

#### NOTE 16 - INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF **CREDIT RISK**

Not applicable

### NOTE 17 - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Not applicable

#### NOTE 18 - GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

#### NOTE 19 - DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable

#### **NOTE 20 - FAIR VALUE MEASUREMENT**

The Company does not have any assets or liabilities that are measured at fair value.

#### **NOTE 21 - OTHER ITEMS**

Not applicable

#### **NOTE 22 - EVENTS SUBSEQUENT**

Subsequent events have been considered through February 14, 2018, for the statutory statements issued on February 15, 2018. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

#### **NOTE 23 – REINSURANCE**

A. Unsecured Reinsurance Recoverable

Not applicable

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

As of January 1, 2013, Quincy Mutual Fire Insurance Company and Patrons Oxford Insurance Company have a Quota Share Reinsurance Contract.

The following table summarizes ceded unearned premiums and the related commission equity at December 31, 2017:

		Assumed R	einsurance	Ceded Rei	insurance	Net		
	(1)	(1)	(2)	(3)	(4)	(5)	(6)	
		Prem Reserve	Comm Equity	Prem Reserve	Comm Equity	Prem Reserve	Comm Equity	
(a)	Affiliates	=	-	24,485,589	8,810,903	(24,485,589)	(8,810,903)	
(b)	All Other							
(c)	Total	-	-	24,485,589	8,810,903	(24,485,589)	(8,810,903)	

- (d) Direct Unearned Premium Reserve \$24,485,589.
  - Reinsurance

None

D. Uncollectible Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Disclosure for the Transfer of Property and Casualty Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

#### NOTE 24 - RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

Not applicable

### NOTE 25 - CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Not applicable, as the company cedes 100% of its business to Quincy Mutual.

### **NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS**

Not applicable

#### **NOTE 27 – STRUCTURED SETTLEMENTS**

A. Reserves Released due to Purchase of Annuities

The company does not purchase annuities from life insurers with an A+ or better rating with A.M. best with the claimant as payee.

Annuity Insurers with Balances due Greater than 1% of Policyholder's Surplus

### NOTE 28 - HEALTH CARE RECEIVABLES

Not applicable

#### **NOTE 29 – PARTICIPATING POLICIES**

Not applicable

### NOTE 30 - PREMIUM DEFICIENCY RESERVES

Not applicable

### **NOTE 31 – HIGH DEDUCTIBLES**

Not applicable

### NOTE 32 - DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

Not applicable

#### NOTE 33 - ASBESTOS/ENVIRONMENTAL RESERVES

Not applicable

### NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS

Not applicable

### NOTE 35 - MULTIPLE PERIL CROP INSURANCE

Not applicable

#### NOTE 36 - FINANCIAL GUARANTY INSURANCE

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

### **GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of to If yes, complete Schedule Y, Parts 1, 1A and 2.	wo or more affiliat	red persons, one or more of which is an i	nsurer?		Yes [X	] No[]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commiss official of the state of domicile of the principal insurer in the Holding Company System, a re similar to the standards adopted by the National Association of Insurance Commissioners System Regulatory Act and model regulations pertaining thereto, or is the reporting entity substantially similar to those required by such Act and regulations?	Yes	s[X]	No [ ]	N/A [ ]		
1.3	State regulating? MA						
2.1	Has any change been made during the year of this statement in the charter, by-laws, articl reporting entity?	les of incorporatio	n, or deed of settlement of the			Yes[]	No [ X ]
2.2	If yes, date of change:			;			
3.1	State as of what date the latest financial examination of the reporting entity was made or is	s being made.		,	1	12/31/20	)14
3.2	State the as of date that the latest financial examination report became available from eith This date should be the date of the examined balance sheet and not the date the report w				1	12/31/20	114
3.3	State as of what date the latest financial examination report became available to other state the reporting entity. This is the release date or completion date of the examination report in the reporting entity.				(	09/02/20	116
3.4	By what department or departments? <u>Maine Bureau of Insurance</u>						
3.5	Have all financial statement adjustments within the latest financial examination report beer statement filed with departments?	n accounted for in	a subsequent financial	Yes	s[X]	No[]	N/A [ ]
3.6	Have all of the recommendations within the latest financial examination report been compl	lied with?		Yes	s[X]	No [ ]	N/A [ ]
4.1	During the period covered by this statement, did any agent, broker, sales representative, n thereof under common control (other than salaried employees of the reporting entity) recei (more than 20 percent of any major line of business measured on direct premiums) of:			1			
	4.11 sales of new business?					Yes[]	No [ X ]
	4.12 renewals?					Yes[]	No [ X ]
4.2	During the period covered by this statement, did any sales/service organization owned in vereceive credit or commissions for or control a substantial part (more than 20 percent of any 4.21 sales of new business?					Yes[]	No [ X ]
	4.22 renewals?					Yes[]	No [ X ]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covere	ed by this stateme	nt?			Yes[]	No [ X ]
5.2	If yes, provide the name of entity, NAIC company code, and state of domicile (use two letteresult of the merger or consolidation.	•		t as a			
	1				2 NAI		3
					Comp	-	State of
	Name of Entity				Cod	le	Domicile
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (includin by any governmental entity during the reporting period?	ng corporate regist	tration, if applicable) suspended or revok	ed		Yes[]	No [X]
6.2	If yes, give full information:					103[]	NO[X]
7.1 7.2	Does any foreign (non-United States) person or entity directly or indirectly control 10% or rlf yes,	more of the report	ing entity?			Yes[]	No [ X ]
	7.21 State the percentage of foreign control						%
	7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a m attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, go						
	1		2				
	Nationality		Type of E	ntity			
8.1 8.2	Is the company a subsidiary of a bank holding company regulated with the Federal Reservance for exponse to 8.1 is yes, please identify the name of the bank holding company.	ve Board?				Yes[]	No [ X ]
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?					Yes[]	No [ X ]
8.4	If the response to 8.3 is yes, please provide below the names and locations (city and state regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Compt Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliation of the Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliation of the Corporation (FDIC) and the Securities Exchange Commission (SEC).	troller of the Curre	ency (OCC), the Federal Deposit Insuran				
	1 Affiliate Name		2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
9.	What is the name and address of the independent certified public accountant or accountin <u>PriceWaterhouseCoopers</u> , LLP, 101 Seaport Blvd, Boston, MA 02210	ng firm retained to	conduct the annual audit?				
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provide as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit			ents		Yes[]	No [ X ]
10.2	If the response to 10.1 is yes, provide information related to this exemption:	i substa	ommar dato law or rogulation?			. ••[]	110[7]
10.3	Has the insurer been granted any exemptions related to other requirements of the Annual for in Section 18A of the Model Regulation, or substantially similar state law or regulation?		ing Model Regulation as allowed			Yes[]	No [ X ]
10.4	If the response to 10.3 is yes, provide information related to this exemption:					-	-
10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary	y state insurance l	aws?	Yes	s[X]	No [ ]	N/A [ ]
10.6	If the response to 10.5 is no or n/a, please explain:						

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

11.	What is the name, address and affiliation (officer/employed of the individual providing the statement of actuarial opinion)	n/certification?	ant associated with an actuarial consulting firm)			
	Alan Hines, FCAS, MAAA, PriceWaterhouseCoopers, 10					
12.1	Does the reporting entity own any securities of a real estat	e holding company or otherwise hold real	l estate indirectly?		Yes[]	No [ X ]
	12.11 Name of real estate holding company					
	12.12 Number of parcels involved					0
	12.13 Total book/adjusted carrying value			\$		0
12.2	If yes, provide explanation					
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORT	ING ENTITIES ONLY:				
13.1	What changes have been made during the year in the Unit	ted States manager or the United States	trustees of the reporting entity?			
13.2	Door this statement contain all business transacted for the	roporting antity through its United States	Pranch on right who rover leasted?		Voo [ ]	No I 1
13.2	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind		b Dianch of fisks wherever located?		Yes[] Yes[]	No [ ] No [ ]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state	• ,	,	Yes[]	No[]	N/A [X]
14.1	Are the senior officers (principal executive officer, principal			.00[]	[ ]	
	functions) of the reporting entity subject to a code of ethics	•			Yes [X]	No [ ]
	-	- · · · · · · · · · · · · · · · · · · ·	f interest between personal and professional relationship	·S;		
	<ul><li>(b) Full, fair, accurate, timely and understandable dis</li><li>(c) Compliance with applicable governmental laws, r</li></ul>		be liled by the reporting entity,			
	(d) The prompt internal reporting of violations to an a	• ,	the code; and			
	(e) Accountability for adherence to the code.	ppropriate person of persons racination in	, and code, and			
14.11	If the response to 14.1 is no, please explain:					
14.2	Has the code of ethics for senior managers been amended				Yes[]	No [ X ]
14.21	If the response to 14.2 is yes, provide information related t	o amendment(s).				
14.3	Have any provisions of the code of ethics been waived for	any of the specified officers?			Yes[]	No [X]
14.31	If the response to 14.3 is yes, provide the nature of any wa	,			100[]	No[X]
	, , , , , , , , , , , , , , , , , , , ,					
15.1	Is the reporting entity the beneficiary of a Letter of Credit the Bank List?	nat is unrelated to reinsurance where the	issuing or confirming bank is not on the SVO		Van I 1	No IV1
15.2	If the response to 15.1 is yes, indicate the American Banke	are Association (ARA) Routing Number ar	and the name of the issuing or confirming hank of		Yes[]	No [ X ]
10.2	the Letter of Credit and describe the circumstances in which		the field of the issuing of commining bank of			
	1	2	3	ŀ	4	
	American Bankers Association (ABA) Routing Number Issu	ing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit		Amount	
	The state of the s	gg		\$		
		BOARD OF DIRECT	OPS			
16.	Is the purchase or sale of all investments of the reporting e				Yes[X]	No[]
17.	Does the reporting entity keep a complete permanent reco				Yes [X]	No[]
18.	Has the reporting entity an established procedure for discle	, ,			.00[//]	[ ]
	of any of its officers, directors, trustees or responsible emp	loyees that is in conflict or is likely to conf	lict with the official duties of such person?		Yes[X]	No [ ]
		FINANCIAL				
19.	Has this statement been prepared using a basis of accoun	ting other than Statutory Accounting Prince	ciples (e.g., Generally Accepted Accounting Principles)?		Yes[]	No[X]
20.1	Total amount loaned during the year (inclusive of Separate	e Accounts, exclusive of policy loans):				
	20.11 To directors or other officers			\$		0
	20.12 To stockholders not officers			\$		0
	20.13 Trustees, supreme or grand (Fraternal only)			\$		0
20.2	Total amount of loans outstanding at the end of year (inclu	sive of Separate Accounts, exclusive of p	policy loans):			
	20.21 To directors or other officers			\$		0
	20.22 To stockholders not officers					0
	20.23 Trustees, supreme or grand (Fraternal only)					0
21.1	Were any assets reported in this statement subject to a cobeing reporting in the statement?	ntractual obligation to transfer to another	party without the liability for such obligation		Yes[]	No[X]
21.2	If yes, state the amount thereof at December 31 of the curr	rent year:				
	21.21 Rented from others			\$		0
	21.22 Borrowed from others			\$		0
	21.23 Leased from others			\$		0
	21.24 Other			\$		0
22.1	Does this statement include payments for assessments as	described in the Annual Statement Instru	uctions other than guaranty fund or			
00.0	guaranty association assessments?				Yes[]	No [ X ]
22.2	If answer is yes:			¢		۸
	<ul><li>22.21 Amount paid as losses or risk adjustment</li><li>22.22 Amount paid as expenses</li></ul>			<u>\$</u> \$		0
	22.23 Other amounts paid			\$ \$		0
00.4	'	inat autotalialia compete de Discour	filitin state and and	Ψ	V 1	
23.1	Does the reporting entity report any amounts due from par		i uis statement?	œ.	Yes[]	No [X]
23.2	If yes, indicate any amounts receivable from parent include	ou in the raye 2 amount.		\$		0

### **INVESTMENT**

# Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

24.01		the stocks, bonds and other securities owned Decentual possession of the reporting entity on said date (o				sive control,		Yes[]	No [X]
24.02	If no, giv	e full and complete information, relating thereto:							
24.03		urity lending programs, provide a description of the pr I is carried on or off-balance sheet (an alternative is t				ties, and whether			
24.04	Does the	e company's security lending program meet the requi	rements for a	a conforming program as outlined	n the Risk-Based	Capital Instructions?	Yes[]	No [ ]	N/A [ X ]
24.05		er to 24.04 is yes, report amount of collateral for confe	0. 0	ams.			\$		0
24.06		er to 24.04 is no, report amount of collateral for other					\$		0
24.07	Does yo	ur securities lending program require 102% (domesti	c securities)	and 105% (foreign securities) from	the counterparty	at the outset	Yes[]	No [ ]	N/A [ X ]
24.08		e reporting entity non-admit when the collateral receive	ed from the	counterparty falls below 100%?			Yes [ ]	No[]	N/A[X]
24.09.		e reporting entity or the reporting entity's securities lea	nding agent	utilize the Master Securities Lendir	ng Agreement (MS	SLA) to			
24.10		securities lending? reporting entity's security lending program, state the a	Yes [ ]	No[]	N/A [ X ]				
24.10		Total fair value of reinvested collateral assets reporte		•	ie current year.		\$		0
		Total book adjusted/carrying value of reinvested coll			and 2:		\$		0
	24.103	Total payable for securities lending reported on the I	iability page:				\$		0
25.1	of the re	y of the stocks, bonds or other assets of the reporting porting entity or has the reporting entity sold or transf s subject to Interrogatory 21.1 and 24.03.)						Yes[X]	No[]
25.2	If yes, st	ate the amount thereof at December 31 of the curren	t year:						
	25.21	Subject to repurchase agreements					\$		0
	25.22	Subject to reverse repurchase agreements					\$		0
	25.23	Subject to dollar repurchase agreements					\$		0
	25.24 25.25	Subject to reverse dollar repurchase agreements Placed under option agreements					<u>\$</u> \$		0
	25.26	Letter stock or securities restricted as sale – excludi	ing FHLR Ca	nital Stock			\$ \$		0
	25.27	FHLB Capital Stock	ing i rieb oa	pital Otock			\$		0
	25.28	On deposit with states					\$	1/	47,979
	25.29	On deposit with other regulatory bodies					\$		0
	25.30	Pledged as collateral – excluding collateral pledged	to an FHLB				\$		0
	25.31	Pledged as collateral to FHLB – including assets ba	acking fundin	g agreements			\$		0
	25.32	Other					\$		0
25.3	For cate	gory (25.26) provide the following:			_				
		1 Nature of Restriction		Des	2 cription			3 Amount	t
					•		\$		
26.1	Does the	e reporting entity have any hedging transactions repo	rted on Sche	edule DB?				Yes[]	No [ X ]
26.2		as a comprehensive description of the hedging progra ach a description with this statement.	am been ma	de available to the domiciliary state	e?		Yes[]	No [ ]	N/A [ ]
27.1 27.2	convertil	y preferred stocks or bonds owned as of December 3 ole into equity? ate the amount thereof at December 31 of the curren		ent year mandatorily convertible ir	nto equity, or, at th	ne option of the issuer,	\$	Yes[]	No [ X ]
28.	Excludin offices, v	g items in Schedule E-Part 3-Special Deposits, real eaults or safety deposit boxes, were all stocks, bonds I agreement with a qualified bank or trust company in	estate, mortg and other se accordance	ecurities, owned throughout the cur with Section 1, III - General Exam	rrent year held pu ination Considera	rsuant to a	Ψ		
		al Functions, Custodial or Safekeeping Agreements o				the fellowing.		Yes[]	No [ X ]
	28.01	For agreements that comply with the requirements of	or the NAIC F	-mancial Condition Examiners har	idbook, complete	the following.			
	Name of Custodian(s)  Custodian's								
	28.02	provide the name,							
		1		2		3			
		Name(s)		Location(s)		Complete Expl	anation(s)		
	28.03	Have there been any changes, including name char	ages in the c	ustodian(s) identified in 28 01 duri	ng the current ver	ar?		Yes[]	No [ X ]
	28.04	If yes, give full and complete information relating the		ustodian(s) identined in 26.01 dun	ng the current yea	ai f		169[]	INO [ X ]
		1 Old Custodian		2 New Custodian		3 Date of Change		4 ason	
	28.05	Investment management – Identify all investment act to make investment decisions on behalf of the repornote as such. ["that have access to the investment	ting entity. F	or assets that are managed intern			у		
			N	1				2 ation	
			iname of	Firm or Individual			Affili	ation	
		28.0597 For those firms/individuals listed in the table	e for Questic	n 28.05, do anv firms/individuals i	naffiliated with th	e reportina entity			
		(i.e. designated with a "U") manage more to				· p · · · · · · · · · · · · · · · · · ·		Yes[]	No [ ]

29.1

29.2

29.3

30

30.4

31.1

31.2

31.3

35.2

## Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES** 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ] 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below. 5 4 Investment Management Registered Agreement Central Registration Depository Number Name of Firm or Individual Legal Entity Identifier (LEI) With (IMA) Filed Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? No [X] Yes[] If yes, complete the following schedule 2 3 CUSIP Book/Adjusted Carrying Name of Mutual Fund Value \$ 29.2999 TOTAL For each mutual fund listed in the table above, complete the following schedule 2 4 Amount of Mutual Fund's Book/Adjusted Carrying Name of Mutual Fund Name of Significant Holding Value Attributable to the of the Mutual Fund Date of Valuation (from above table) Holding Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value Excess of Statement over Fair Value (-), or Fair Value over Statement (Admitted) Value Fair Value Statement (+) 30.1 Bonds \$ 147,979 \$ 148,537 558 30.2 Preferred Stocks \$ 0 \$ 0 \$ 0 30.3 Totals 147,979 \$ 148,537 558 Describe the sources or methods utilized in determining the fair values: Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[] No[X] If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of

Yes[X] No[]

32.2 If no. list exceptions:

- By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designation 5\*GI security:
  a. Documentation necessary to permit a full credit analysis of the security does not exist. 33

  - Issuer or obligor is current on all contracted interest and principal payments. b.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities?

Yes[] No[X]

0

0

OTHER

34 1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

34 2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
	\$

35.1 Amount of payments for legal expenses, if any? 0

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in 36.2

connection with matters before legislative bodies, officers or departments of government during the period covered by this statement

\$

1	2
Name	Amount Paid
	\$

# **GENERAL INTERROGATORIES**

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1		he reporting entity have any direct Medical		Yes[] No[X]
1.2	•	indicate premium earned on U.S. business	·	0
1.3			Medicare Supplement Insurance Experience Exhibit?	0
	1.31	Reason for excluding:		
1.4	Indicat	e amount of earned premium attributable t	to Canadian and/or Other Alien not included in Item (1.2) above.	0
1.5		e total incurred claims on all Medicare Sup	· · ·	0
1.6		ual policies:	·	
	Most c	urrent three years:		
	1.61	Total premium earned	<u>\$</u>	0
	1.62	Total incurred claims	\$	0
	1.63	Number of covered lives		0
	All yea	rs prior to most current three years:		
	1.64	Total premium earned	\$	0
	1.65	Total incurred claims	<u>\$</u>	0
	1.66	Number of covered lives		0
1.7		policies:		
		urrent three years:		0
	1.71	Total premium earned	\$	0
	1.72	Total incurred claims  Number of covered lives	\$	0
	1.73	rs prior to most current three years:		0
	1.74	Total premium earned	\$	0
	1.75	Total incurred claims	\$	0
	1.76	Number of covered lives	<u>v</u>	0
2.	Health			
			1 2	
			Current Year Prior Year	
	2.1	Premium Numerator	<u>\$ 0 </u>	
	2.2	Premium Denominator	<u>\$ 0 </u>	
	2.3	Premium Ratio (2.1/2.2)	0.0%	
	2.4	Reserve Numerator	\$ 0 \$ 0	
	2.5	Reserve Denominator	\$ 0 \$ 0	
	2.6	Reserve Ratio (2.4/2.5)	0.0%	
3.1		he reporting entity issue both participating		Yes[] No[X]
3.2		state the amount of calendar year premiun		0
	3.21 3.22	Participating policies  Non-participating policies	\$	0 0
4.		NOTI-participating policies IUTUAL REPORTING ENTITIES AND RE	ECIDDOCVI EACHVNICES OVII A:	0
٦.	4.1	Does the reporting entity issue assessa		Yes[] No[]
	4.2	Does the reporting entity issue non-assi	•	Yes [ ] No [ ]
	4.3		is the extent of the contingent liability of the policyholders?	%
	4.4	Total amount of assessments paid or or	rdered to be paid during the year on deposit notes or contingent premiums.	0
5.	FOR F	ECIPROCAL EXCHANGES ONLY:		
	5.1	Does the exchange appoint local agents	is?	Yes [ ] No [ ]
	5.2	If yes, is the commission paid:		
		5.21 Out of Attorney's-in-fact compe		
		5.22 As a direct expense of the exc	· ·	[ ] No [ ] N/A [ ]
	5.3	What expenses of the exchange are no	ot paid out of the compensation of the Attorney-in-fact?	
	5.4	Has any Attorney-in-fact compensation,	, contingent on fulfillment of certain conditions, been deferred?	Yes[] No[]
	5.5	If yes, give full information:	•	
C 4	<b>VA</b> /I <sub>2</sub> = 1	on Starker (Reconstruction of the control of		
6.1		provision has this reporting entity made to per tissued without limit of loss?	protect itself from an excessive loss in the event of a catastrophe under a workers' compensation	
0.0	D	hadha aadhad aadha adhaa dheelada		
6.2			ting entity's probable maximum insurance loss, and identify the type of insured exposures comprising neentrations of those exposures and the external resources (such as consulting firms or computer	
		re models), if any, used in the estimation p		
6.3	What	provision has this reporting entity made (su	uch as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types	
0.0			sing its probable maximum property insurance loss?	
6.4	Does t	he reporting entity carry catastrophe reins	urance protection for at least one reinstatement, in an amount sufficient to cover its estimated	
	probab	ole maximum loss attributable to a single lo	oss event or occurrence?	Yes[X] No[]
6.5		lescribe any arrangements or mechanisms ure to unreinsured catastrophic loss:	s employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its	
	exhosi	are to unremoured catastrophic 1088.		
7.1	Has th	e reporting entity reinsured any risk with an	ny other entity under a quota share reinsurance contract that includes a provision that would	
		e reinsurer's losses below the stated quota nilar provisions)?	a share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or	Yes[] No[X]
	-	•		

# **GENERAL INTERROGATORIES**

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

7.2	If yes,	indicate the number of reinsurance contracts containing such provisions.			0
7.3	• •	does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		Yes [ ]	No [ ]
8.1		s reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss			
8.2		ay occur on this risk, or portion thereof, reinsured? give full information		Yes[]	No [ X ]
9.1	which of surplus than 5°	e reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end is as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the ct(s) contain one or more of the following features or other features that would have similar results:			
	(a)	A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;			
	(b)	A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;			
	(c)	Aggregate stop loss reinsurance coverage;			
	(d)	A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;			
	(e)	A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or			
0.0	(f)	Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?		Yes[]	No [X]
9.2	with the result of and los arrange more u	e reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts e same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss as expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling ements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or inaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity ember where:			
	(a)	The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or			
	(b)	Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.		Yes[]	No [X]
9.3	•	o 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:			
	(a)	The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;			
	(b)	A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achie	wod		
9.4	Except	for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the all statement, and either:	;veu.		
	(a)	Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or			
	(b)	Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?		Yes [ ]	No [ X ]
9.5	differer	o 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated ntly for GAAP and SAP.			
9.6		porting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:		V [ ]	N. IVI
	(a) (b)	The entity does not utilize reinsurance; or,  The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation		Yes[]	No [ X ]
	(c)	supplement; or  The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an		Yes [X]	No [ ]
10.	. ,	attestation supplement.  apporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that		Yes[]	No [X]
11.1		the original entity would have been required to charge had it retained the risks. Has this been done?  e reporting entity guaranteed policies issued by any other entity and now in force?	Yes[]	No[] Yes[]	N/A [X] No [X]
11.2	If yes,	give full information			
12.1		eporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the tof corresponding liabilities recorded for:			
	12.11	Unpaid losses	\$		0
	12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$		0
12.2	Of the	amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$		0
12.3		eporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes ed from its insureds covering unpaid premiums and/or unpaid losses?	Yes[]	No[]	N/A [ X ]
12.4	-	provide the range of interest rates charged under such notes during the period covered by this statement:			
	12.41	From			%
12.5	promis	To ters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or sory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including losses under loss deductible features of commercial policies?		Yes[]	% No [ X ]
12.6	•	state the amount thereof at December 31 of current year:		. 30 [ ]	[//]
	12.61	Letters of Credit	\$		0
	12.62	Collateral and other funds	\$		0
13.1	Larges	t net aggregate amount insured in any one risk (excluding workers' compensation):	\$		0
13.2		iny reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a tement provision?		Yes[]	No [X]
13.3	State t	he number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic			0

# **GENERAL INTERROGATORIES**

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	facilities	or facultative obligatory co	ntracts) considered	in the calc	culation of	f the amount.								
14.1	Is the re	porting entity a cedant in a	multiple cedant rei	nsurance o	contract?								Yes[]	No [ X ]
14.2	If yes, pl	lease describe the method	of allocating and re	cording re	insurance	among the ce	dan	ts:						
14.3	If the an	swer to 14.1 is yes, are the	methods describe	d in item 1	4.2 entire	ly contained in	the	respective multiple	cec	lant reinsurance con	tracts?	<b>)</b>	Yes[]	No[]
14.4	If the an	swer to 14.3 is no, are all the	ne methods describ	ed in 14.2	entirely o	ontained in wri	tten	agreements?					Yes[]	No [ ]
14.5	If the an	swer to 14.4 is no, please	explain:											
15.1	Has the	reporting entity guaranteed	d any financed pren	nium acco	unts?								Yes [ ]	No[X]
15.2	If yes, gi	ive full information												
16.1	Does the	e reporting entity write any	warranty business?	,									Yes[]	No [X]
	If yes, di	sclose the following inform	ation for each of the	e following	types of	warranty cover	age:	:						
				1		2		3		4		5		
				Losses	Direct	Losses Unpaid		Direct Written Premium		Direct Premium Unearned		Direct Premium Earned		
	16.11	Home	\$	0	\$	0	\$	0	\$	0	\$	0		
	16.12	Products	\$	0	\$	0	\$	0	\$	0	\$	0		
	16.13	Automobile	\$	0	\$	0	\$	0	\$	0	\$	0		
	16.14	Other*	\$	0	\$	0	\$	0	\$	0	\$	0		
	* Discle	ose type of coverage:												
17.1	Does the	e reporting entity include ar	nounts recoverable	on unaut	norized re	insurance in So	ched	dule F-Part 3 that it	exc	ludes from Schedule	e F-Pa	rt 5.	Yes[]	No [X]
		but not reported losses on dule F-Part 5. Provide the fo					que	ntly renewed are e	xen	npt from inclusion				
	17.11	Gross amount of unauth	-				m S	chedule F-Part 5				\$		0
	17.12	Unfunded portion of Inte		00000		0 0/10/10/10	•					\$		0
	17.13	Paid losses and loss ad		portion of	Interroga	tory 17.11						\$		0
	17.14	Case reserves portion o				,						\$		0
	17.15	Incurred but not reported			1							\$		0
	17.16	Unearned premium port		-								\$		0
	17.17	Contingent commission										\$		0
		the following information fo	-	-		le F-Part 3 and	l exc	cluded from Schedi	ule I	F-Part 5. not include	d abov	· ·		<del></del>
	17.18	Gross amount of unauth								,		\$		0
	17.19	Unfunded portion of Inte	errogatory 17.18									\$		0
	17.20	Paid losses and loss ad	justment expenses	portion of	Interroga	tory 17.18						\$		0
	17.21	Case reserves portion o				·						\$		0
	17.22	Incurred but not reported			8							\$		0
	17.23	Unearned premium port										\$		0
	17.24	Contingent commission										<u> </u>		0
18.1		act as a custodian for healt	-	-									Yes [ ]	No [X]
18.2	•	lease provide the amount of	Ū		e reportir	ng date.						\$		0
18.3		act as an administrator for h											Yes[]	No [X]
40.4												•		-

If yes, please provide the balance of the funds administered as of the reporting date.

### Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	Snow amounts in whole dollars only, no cents; sn			· · · · · · · · · · · · · · · · · · ·		
		1 2017	2 2016	3 2015	4 2014	5 2013
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)	2011	2010	2013	2014	2013
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	10 461 397	10,285,017	9,833,929	9 182 280	8,007,583
	Property lines (Lines 1, 2, 9, 12, 21 & 26)				14,222,161	11,800,377
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)				19,565,243	16,207,175
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)			21,001,000		
	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)					
	Net Premiums Written (Page 8, Part 1B, Col. 6)			40,270,007	42,000,004	
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)				0	0
	Statement of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)					(0)
	Net investment gain (loss) (Line 1)		569,789			
	Total other income (Line 15)					
	Dividends to policyholders (Line 17)	*				
	Federal and foreign income taxes incurred (Line 19)			266,172	100 400	
	Net income (Line 20)				199,466	
		200,307	465,603	151,090	104,004	110,520
	Balance Sheet Lines (Pages 2 and 3)  Total admitted accepts available and self-business (Page 2 Line 26, Cel. 2)	22 750 909	22 760 460	17 016 020	16 900 706	15 000 100
	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	23,750,090	22,768,469	17,816,930	16,820,796	15,220,109
	Premiums and considerations (Page 2, Col. 3):	040 700	047.404	100 100	404 004	475 400
	20.1 In course of collection (Line 15.1)		217,121			
	20.2 Deferred and not yet due (Line 15.2)			, ,	7,880,614	
	20.3 Accrued retrospective premiums (Line 15.3)					
	Total liabilities excluding protected cell business (Page 3, Line 26)		10,865,016			
	Losses (Page 3, Line 1)					
	Loss adjustment expenses (Page 3, Line 3)					
	Unearned premiums (Page 3, Line 9)					
	Capital paid up (Page 3, Lines 30 & 31)			2,500,000		
	Surplus as regards policyholders (Page 3, Line 37)	13,423,454	11,903,453	7,447,474	7,251,132	7,068,685
	Cash Flow (Page 5)					
	Net cash from operations (Line 11)	(1,499,655)	(560,665)	(507,570)	80,892	(2,311,116)
	Risk-Based Capital Analysis					
28.	Total adjusted capital					
29.	Authorized control level risk-based capital	322,406	145,129	50,919	35,105	37,780
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)					
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 & 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)	85.7	38.5	31.1	19.7	21.4
34.	Cash, cash equivalents and short-term investments (Line 5)	14.3	61.5	65.7	77.3	74.2
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38	Receivables for securities (Line 9)					
39.	Securities lending reinvested collateral assets (Line 10)					
40.	Aggregate write-ins for invested assets (Line 11)					
41.	Cash, cash equivalents and invested assets (Line 12)					
	Investments in Parent, Subsidiaries and Affiliates					
	Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)					
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
	Affiliated short-term investments					
	(subtotals included in Schedule DA, Verification, Column 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
	All other affiliated					
48.	Total of above lines 42 to 47					
-	Total investment in parent included in Lines 42 to 47 above					
	Percentage of investments in parent, subsidiaries and affiliates to surplus					
	as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0				

## Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **FIVE-YEAR HISTORICAL DATA**

(Continued)

		1	2	3	4	5
		2017	2016	2015	2014	2013
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)	1,520,001	4,455,979	196,343	182,446	41,001
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	6,411,855	8,089,744	7,306,463	5,965,044	6,657,012
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	5,594,854	6,353,575	6,335,280	5,431,012	4,608,498
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	7,554,993	7,040,367	9,382,448	8,196,317	6,448,437
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	Total (Line 35)	19,561,702	21,483,686	23,024,191	19,592,373	17,713,947
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)	0	0	0	0	0
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)					
68.	Loss expenses incurred (Line 3)					
69.	Other underwriting expenses incurred (Line 4)					
70.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)					
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)					
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)			3		0
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)			0.0		0.0
	Two Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)		3	3		(70
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)		0.0	0.0		(1.0

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of		
SSAP No. 3, Accounting Changes and Correction of Errors?	Yes [ ]	No [ ]
If no, please explain:		

# SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

### **SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

	F	Premiums Earne	d			Loss and	Loss Expense	Payments				12
Years in Which	1	2	3				and Cost		and Other	10	11	Number
Premiums				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			of
Were				4	5	6	7	8	9	Salvage	Total	Claims
Earned and	Direct			Direct		Direct		Direct		and	Net Paid	Reported-
Losses Were	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	(5)	(5)					5	0	XXX
2. 2008	33,547	31,376	2,171	19,428	18,202	379	339	2,481	2,322	268	1,424	XXX
3. 2009	33,343	31,186	2,157	17,471	16,199	256	223	2,297	2,143	292	1,459	XXX
4. 2010	33,890	31,803	2,086	16,558	15,289	194	154	2,337	2,182	250	1,463	XXX
5. 2011	35,001	32,993	2,008	18,959	17,148	233	186	2,640	2,438	449	2,060	XXX
6. 2012	34,523	33,420	1,103	15,492	14,421	180	137	2,356	2,180	178	1,290	XXX
7. 2013	35,064	35,064	0	18,574	18,574	205	205	2,548	2,548	389	0	XXX
8. 2014	38,912	38,912	0	19,663	19,663	151	151	2,954	2,954	713	0	XXX
9. 2015	44,967	44,967	0	21,887	21,887	119	119	3,481	3,481	1,526	0	XXX
10. 2016	46,720	46,720	0	18,422	18,422	51	51	3,074	3,074	1,848	0	XXX
11. 2017	46,823	46,823	0	14,205	14,205	4	4	2,904	2,904	1,079	0	XXX
12. Totals	XXX	XXX	XXX	180,654	174,005	1,771	1,569	27,071	26,226	6,997	7,697	XXX

										Adjusting and Other		23	24	25
			Losses	Unpaid		Defer	nse and Cost (	Containment U	npaid		paid		Total	
			Basis	Bulk +	- IBNR	Case	Basis	Bulk + IBNR		21	22		Net	Number of
		13	14	15	16	17	18	19	20			Salvage	Losses	Claims
		Direct		Direct		Direct		Direct		Direct		and	and	Outstanding-
		and		and		and		and		and		Subrogation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1	. Prior												0	XXX
2	. 2008	60	60					7	7				0	XXX
3	. 2009									5	5		0	XXX
4	. 2010	75	75					9	9	5	5		0	XXX
5	. 2011	85	85					9	9	10	10		0	XXX
6	. 2012	70	70	17	17			6	6	10	10		0	XXX
7	. 2013	390	390	55	55			47	47	25	25		0	XXX
8	. 2014	229	229	48	48			23	23	25	25		0	XXX
9	. 2015	1,840	1,840	498	498			182	182	80	80		0	XXX
10	). 2016	2,653	2,653	632	632			267	267	250	250		0	XXX
1	1. 2017	6,656	6,656	1,900	1,900			375	375	940	940		0	XXX
12	2. Totals	12,058	12,058	3,150	3,150	0	0	925	925	1,350	1,350	0	0	XXX

_					Т			T		0.4	Т	
			Total Losses and			Loss Expense Porred/Premiums Ea			abular ount	34		nce Sheet fter Discount
		26	27	28	29	30	31	32	33	Inter-Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
L		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
	2. 2008.	22,354	20,930	1,424	66.6	66.7	65.6			1.00	0	0
	3. 2009.	20,029	18,570	1,459	60.1	59.5	67.6			1.00	0	0
	4. 2010.	19,177	17,714	1,463	56.6	55.7	70.1			1.00	0	0
	5. 2011.	21,936	19,876	2,060	62.7	60.2	102.6			1.00	0	0
	6. 2012.	18,131	16,841	1,290	52.5	50.4	117.0			1.00	0	0
	7. 2013.	21,844	21,844	0	62.3	62.3	0.0			1.00	0	0
	8. 2014.	23,093	23,093	0	59.3	59.3	0.0			1.00	0	0
	9. 2015.	28,087	28,087	0	62.5	62.5	0.0			1.00	0	0
	10. 2016.	25,349	25,349	0	54.3	54.3	0.0			1.00	0	0
	11. 2017.	26,984	26,984	0	57.6	57.6	0.0			1.00	0	0
	12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

# **SCHEDULE P - PART 2 - SUMMARY**

		Incurre	ed Net Losses a	and Defense and	d Cost Containr	ment Expenses	Reported at Ye	ar End (\$000 o	mitted)		DEVELO	PMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which Losses Were											One	Two
Incurred	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Year	Year
1. Prior	404	383	296	349	298	302	302	301	301	301	0	0
2. 2008	1,270	1,282	1,201	1,283	1,264	1,264	1,264	1,266	1,266	1,266	0	0
3. 2009	XXX	1,318	1,041	1,315	1,304	1,304	1,304	1,305	1,305	1,305	0	0
4. 2010	XXX	XXX	1,744	1,315	1,308	1,307	1,307	1,309	1,309	1,309	0	0
5. 2011	XXX	XXX	XXX	1,841	1,857	1,857	1,857	1,858	1,858	1,858	0	0
6. 2012	XXX	XXX	XXX	XXX	1,118	1,115	1,115	1,114	1,114	1,114	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX						0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

### **SCHEDULE P - PART 3 - SUMMARY**

		Cumulative	e Paid Net Loss	ses and Defense	e and Cost Con	tainment Expen	ses Reported a	t Year End (\$00	00 omitted)		11	12
	1	2	3	4	5	6	7	8	9	10		Number of
Years in Which											Number of Claims Closed With	Claims Closed Without
Losses Were Incurred	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Loss Payment	Loss Payment
											,	
1. Prior	000	143	157	279	300	302	302	301	301	301	XXX	XXX
2. 2008	730	1,066	1,073	1,206	1,264	1,264	1,264	1,266	1,266	1,266	XXX	XXX
3. 2009	XXX	793	800	1,175	1,304	1,304	1,304	1,305	1,305	1,305	XXX	XXX
4. 2010	XXX	XXX	1,244	1,080	1,308	1,307	1,307	1,309	1,309	1,309	XXX	XXX
5. 2011	XXX	XXX	XXX	1,275	1,857	1,857	1,857	1,858	1,858	1,858	XXX	XXX
6. 2012	XXX	XXX	XXX	XXX	1,116	1,115	1,115	1,114	1,114	1,114	XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

# **SCHEDULE P - PART 4 - SUMMARY**

		_		OOLIE	DOLL	- LWI/I -	T - OCIVIIV				
			Bulk and	d IBNR Reserves of	on Net Losses and	I Defense and Cos	t Containment Ex	penses Reported a	at Year End (\$000	omitted)	
		1	2	3	4	5	6	7	8	9	10
	Years in Which sses Were										
I	ncurred	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1.	Prior	160	86	50	27	(2)					
2.	2008	168	80	52	27						
3.	2009	XXX	171	92	50						
4.	2010	XXX	XXX	196	106						
5.	2011	XXX	XXX	XXX	221						
6.	2012	XXX	XXX	XXX	XXX	2					
7.	2013	XXX	XXX	XXX	XXX	XXX					
8.	2014	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

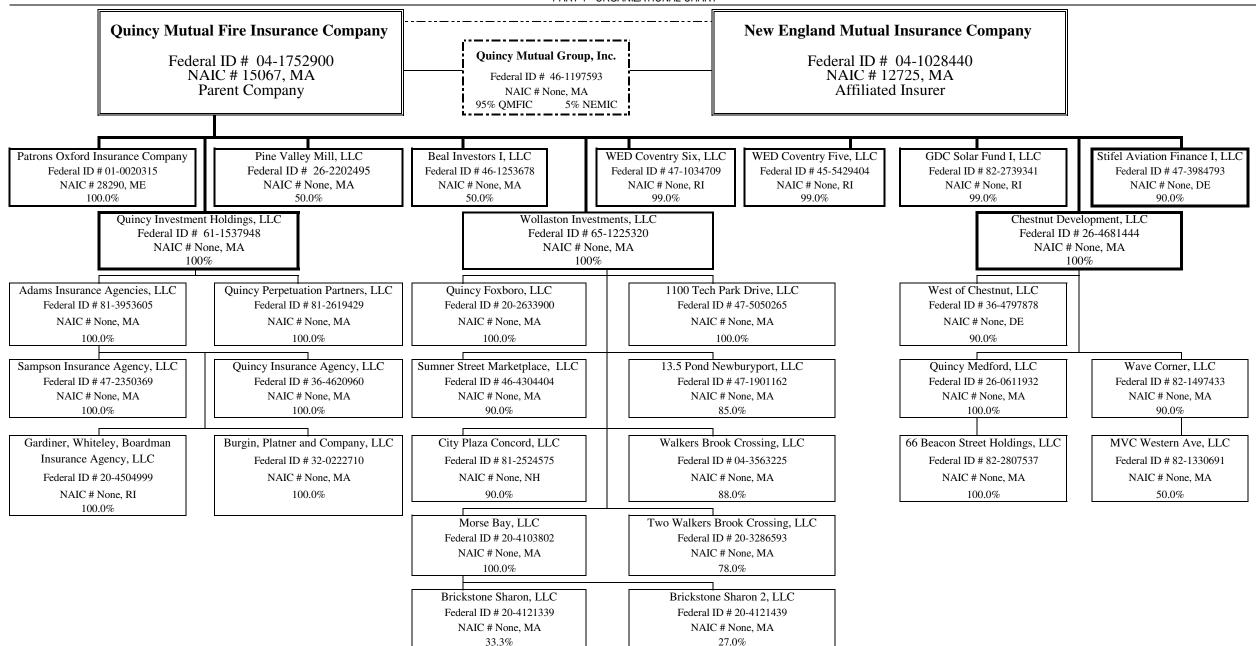
### Annual Statement for the year 2017 of the PATRONS OXFORD INSURANCE COMPANY **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

				Allocated by	States and 1	erritories				
		1	Gross Premiums, I Membership Fees Le and Premiums on 2	ncluding Policy and ess Return Premiums	4 Dividends Paid or Credited to Policyholders	5 Direct Losses Paid	6	7	8 Finance and Service Charges	9 Direct Premiums Written for Federal Pur-
	States, Etc.	Active Status	Direct Premiums Written	Direct Premiums Earned	on Direct Business	(Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	not Included in Premiums	chasing Groups (Incl. in Col. 2)
1.	AlabamaAL	N								
2.	AlaskaAK	N								
3.	ArizonaAZ	N								
4.	ArkansasAR									
5.	CaliforniaCA									
6.	ColoradoCO									
7.	ConnecticutCT	N								
8.	DelawareDE									
9.	District of ColumbiaDC				•••••					
	FloridaFL									
11.	GeorgiaGA									
12.	HawaiiHI	N								
13.	IdahoID	N								
14.	IllinoisIL	N								
15.	IndianaIN									
16.	lowaIA	N								
17.	KansasKS	N								
18.	KentuckyKY	N								
19.	LouisianaLA	N	47.000.744	40.000.004		40 -0:	40 -00	45.005.55		
20.	MaineME		47,002,744	46,822,284		19,561,702	19,789,309	15,207,958	449,098	
21.	MarylandMD	N								
22.	MassachusettsMA									
23.	MichiganMI									
24.	MinnesotaMN									
25.	MississippiMS	N								
	MissouriMO									
27.	MontanaMT									
28.	NebraskaNE									
29.	NevadaNV	N								
30.	New HampshireNH	N								
31.	New JerseyNJ	N								
32.	New MexicoNM	N								
33.	New YorkNY	N								
34.	North CarolinaNC	N								
35.	North DakotaND	N								
36.	OhioOH	N								
37.	OklahomaOK	N								
38.	OregonOR	N								
39.	PennsylvaniaPA	N								
40.	Rhode IslandRI	N								
41.	South CarolinaSC	N								
42.	South DakotaSD	N								
43.	TennesseeTN	N								
44.	TexasTX									
45.	UtahUT									
46.	VermontVT	N								
47.	VirginiaVA	N								
48.	WashingtonWA	N								
49.	West VirginiaWV	N								
50.	WisconsinWI	N								
51.	WyomingWY	N								
52.	American SamoaAS									
53.	GuamGU									
	Puerto RicoPR	N								
	US Virgin IslandsVI									
56.	Northern Mariana IslandsMP	N								
57.	CanadaCAN									
58.	Aggregate Other AlienOT	XXX	0	0	0	0	0	0	0	0
59.	Totals	(a)1	47,002,744	46,822,284	0	19,561,702	19,789,309	15,207,958	449,098	n
- JJ.	24.4	(~/1			ILS OF WRITE-IN			3,201,000	1	
58001.		XXX		DETA	ILO OI WINITE-IN					
58001.		XXX								
58002.		XXX								
	Summary of remaining write-ins for	^^^								
50990.	Line 58 from overflow page	XXX		0	0	0	0	0	0	
58999	Totals (Lines 58001 thru 58003+									
1	Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

Insert the number of D and L responses except for Canada and Other Alien.

#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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